

UNITED STATES COURT OF APPEALS FOR THE FIRST CIRCUIT

Case name Massamont Insurance Agency, Inc. v. Utica Mutual Insurance Co.
 District Court Case No. 05-CV-11897-WGY District of Massachusetts
 Date Notice of Appeal filed 10/13/06 Court of Appeals Case No. _____
 Form filed on behalf of Plaintiff/Appellant, Massamont Insurance Agency, Inc.

TRANSCRIPT REPORT

Transcript Not Necessary for this Appeal X

Transcript Already Filed in District Court. List each transcript by docket entry number and date and type of proceeding (attach separate page if necessary) _____

TRANSCRIPT ORDER

Name of Court Reporter _____
 Phone Number of Reporter _____

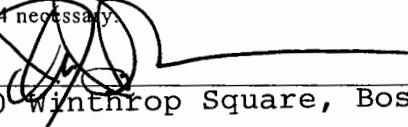
A. _____ **This constitutes an order of the transcript of the following proceedings [check appropriate box(es) and indicate dates of hearing(s)]:**

PROCEEDING(S)	HEARING DATE(S)
<input type="checkbox"/> Jury Voir Dire	_____
<input type="checkbox"/> Opening Statement (plaintiff)	_____
<input type="checkbox"/> Opening Statement (defendant)	_____
<input type="checkbox"/> Trial	_____
<input type="checkbox"/> Closing Argument (plaintiff)	_____
<input type="checkbox"/> Closing Argument (defendant)	_____
<input type="checkbox"/> Findings of Fact/Conclusions of Law	_____
<input type="checkbox"/> Jury Instructions	_____
<input type="checkbox"/> Change of Plea	_____
<input type="checkbox"/> Sentencing	_____
<input type="checkbox"/> Bail hearing	_____
<input type="checkbox"/> Pretrial proceedings (specify) _____	_____
<input type="checkbox"/> Testimony (specify) _____	_____
<input type="checkbox"/> Other (specify) _____	_____

NOTE: Any form that fails to specify in adequate detail those proceedings to be transcribed will be considered deficient.

B. _____ **I certify that I have contacted the court reporter and the following financial arrangements for payment of the transcript have been made:**

- Private funds.
- Government expense (civil case). IFP status has been granted and a motion for transcript at government expense has been allowed. (Attach a copy of the order to each copy of this order form.)
- Criminal Justice Act. A CJA Form 24 has been approved by the district court judge.
- Criminal Justice Act. A CJA Form 24 is attached for authorization by the court of appeals.
- Federal Public Defender/Government Counsel - no CJA Form 24 necessary.

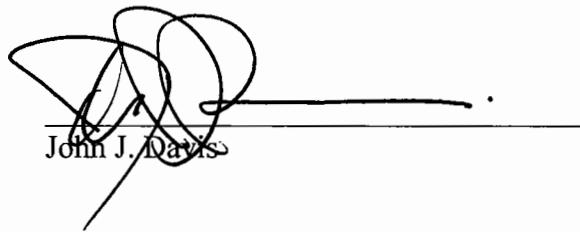
Filer's name John J. Davis, Esq. Filer's Signature 
 Firm/Address Pierce, Davis & Perritano, LLP, 10 Winthrop Square, Boston, MA 02110
 Telephone number 617-350-0950 Date mailed to court reporter n/a

(Court Reporter Use ONLY) Date received _____

CERTIFICATE OF SERVICE

I, John J. Davis, hereby certify that on this 23rd day of October, 2006 I served the above document by first-class mail, postage prepaid on all counsel of record, including:

Erin K. Higgins, Esq.
Conn Kavanaugh Rosenthal Peich & Ford, LLP
Ten Post Office Square
Boston, MA 02110


John J. Davis